



UNITED STATES MARINE CORPS
Division Personnel Administration Center
Service Company, Headquarters Battalion
2D Marine Division
CAMP LEJEUNE NC 28542-0088

Date: _____

LOST ID CARD STATEMENT

Subj: Lost ID Card ICO: _____
(Rank, Name, SSN, Unit)

(NOTE: If SNM does not have another form of picture ID, SNM MUST be accompanied by a verifying individual to receive a new ID card. NONNCO's require a SNCO or above; NCO's require a SNCO or above to accompany the individual to the ID Center. Individuals with appropriate picture ID require ONLY this form, properly filled out by the correct command official.)

I hereby certify that the Armed Forces Identification Card DD Form 2 MC/DD Form 1173, issued to me was lost/stolen and is not in my possession. I further understand I am to surrender my ID card, should it be located, to the proper authorities, and that I am not eligible for privileges or to facilities authorized on said ID card. I further understand that the penalty for presenting false claims and statements in connection with said ID card may result in fine not more than 10,000, imprisonment for not more than 5 years, or both (Act 26 June 1984, 18 USC 287, 1001).

My ID card was lost/stolen under the following circumstances:

(Marine's Signature/date)

THIS SECTION MUST BE FILLED OUT BY APPROPRIATE COMMAND OFFICIAL:

PLEASE PRINT:

NAME: (Last, First, MI) _____

Signature _____

Date _____

Unit _____

Phone _____

CIRCLE ONE:

Co GySgt

1stSgt

CO

XO